

APPLICATION FOR EXTENSION OF TIME FOR PAYMENT

(Complete Both Sides, Please Print)

PERSONAL

NAME

Last First Middle Go By

ADDRESS

Number Street Apt. City State Zip

PHONE () If no phone, number where can you be reached? ()

Race Sex Ht. Wt. Color Eyes Color Hair

Date of Birth Drivers License # Social Security #

Married Single Separated Divorce Education

If Married, Spouse's Name

Last First Middle

Spouse's Address & Phone if different

Address Phone

Nearest Living Relative Not Residing With you Relationship

Address & Phone Number

Address Phone

List the Names, Address & Phones Numbers of Two (2) Personal References Not Related to You.

Name	Address	Phone	Years Known

Name	Address	Phone	Years Known

WHY ARE YOU NOT PREPARED TO PAY ALL FINES AND COURT COST TODAY?

HOW MUCH ARE YOU PREPARED TO PAY TODAY?

IF YOUR APPLICATION IS APPROVED, WHEN WILL YOUR BALANCE BE PAID?

DO YOU UNDERSTAND THAT LYING ON THIS APPLICATION CONSTITUTES A CRIME? YES NO
(575.060 RSMO)

ASSETS

Employer

Name Address Phone Position How Long?

Supervisor's Name Pay Days Take Home Pay \$ Wk. Month

Previous Employer

Name Address Phone Position From/To

Spouse's Employer

Name Address Phone Position

Supervisor's Name Pay Days Take Home Pay \$ Wk. Month

Please Check Any Other sources of Income You Receive & the Amount (s):

Welfare \$ /Month Medicaid \$ /Month Retirement \$ /Month

Soc. Sec. \$ /Month Unempl. \$ /Month Disability \$ /Month

Other \$ /Month

Bank Accounts Checking At: Balance \$

Savings At: Balance \$

Automobiles

Yr Make Model Yr Make Model

Do You Own a Home or Any Other Real Estate? Yes No If yes, where?

Other than yourself, how many people do you support directly? _____

OBLIGATIONS

List all your Creditors (Mortgage Companies, Banks, Credit Card Accounts, Finance Companies, Rent-To-Own Companies).
Use a separate sheet of paper to list additional creditors.

Company Name	Balance Owing	Payment Amount(Wk./ Mo.)	Credit Limit
Company Name	Balance Owing	Payment Amount(Wk./ Mo.)	Credit Limit
Company Name	Balance Owing	Payment Amount(Wk./ Mo.)	Credit Limit
Company Name	Balance Owing	Payment Amount(Wk./ Mo.)	Credit Limit

Monthly Expenses

Rent \$ _____ Utilities \$ _____ Phone \$ _____ Food \$ _____
Child Care \$ _____ Child Support \$ _____ Alimony \$ _____ Other \$ _____

Landlord

Name Address Phone

ACKNOWLEDGEMENT & DECLARATION

I acknowledge that:

- The above information is a complete and accurate statement of my current financial condition.
- Lying on this application constitutes a crime. (575.060 RSMO)
- I authorize the Thirteenth Judicial Circuit Court, their employees or agents to conduct a complete and thorough investigation of my statement.
- I understand this investigation could include direct verifications of all information given and the obtaining of reports from credit reporting agencies.

It is with this understanding and acknowledgement that I formally request an extension of time for payment of cost, restitution, and fines now due and payable to the Thirteenth Judicial Circuit Court.

X _____
Defendant's Signature Date

(FOR OFFICE USE ONLY)

Case Number _____
Division Number _____
Attorney _____
Interviewer _____
Review Date _____

Fine \$ _____
Cost \$ _____
Restitution \$ _____
Total \$ _____

Comments & Recommendation: _____

